

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE								
							APPLICANT(S)									
CLAIMS																
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND		DEF		IND		DEF		
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TOTAL IND.							←		←		←		←		←	
TOTAL DEP.							←		←		←		←		←	
TOTAL CLAIMS							←		←		←		←		←	

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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